STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation Elved

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

2. DATE 09-28-2004

2004 1. TITLE OF NEWSPAPER THE MILLER PRESS 3. FREQUENCY OF ISSUE PRICE \$ 26.00/\$33.00 WEEKLY 52 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) PO BOX 196, MILLER, SD 57362 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) PO BOX 196, MILLER SD 57362 6. FULL NAME OF PUBLISHER: GARY MCFARLANE 7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. COMPLETE MAILING ADDRESS **FULL NAME** PO BOX 196, MILLER, SD 57362 MILLER PUBLISHING COMPANY, INC KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. NONE AVERAGE NO. COPIES **ACTUAL NO. COPIES EACH** 9. EXTENT AND NATURE OF CIRCULATION **ISSUED ISSUED PRECEDING 12** NEAREST TO FILING DATE **MONTHS** 2100 2100 A. TOTAL NO. COPIES (Net Press Run) B.PAID AND/OR REQUESTED CIRCULATION 241 223 1. Sales through dealers and carriers, street vendors and counter sales. 2. Mail Subscription 1648 1685 (Paid and or requested) C.TOTAL PAID AND/OR REQUESTED CIRCULATION 1908 1889 (Sum of 9B1 and 9B2) D.FREE DISTRIBUTION 21 21 1. BY MAIL, CARRIER OR OTHER MEANS 2. SAMPLES, COMPLIMENTARY AND OTHER FREE 25 25 COPIES 1954 1935 E. TOTAL DISTRIBUTION (Sum of C, D1 and D2) F. COPIES NOT DISTRIBUTED 96 59 1. Office use, left over, unaccounted, spoiled after printing 87 69 2. Return from News Agents G.TOTAL (Sum of E, F1 and F2 - Should equal net press run 2100 2100 shown in A) Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public I swear that the statements made by me are true, correct, and complete: **PUBLISHER** (Title) Sworn to before me this 30 day of Sept, 2004 State of South Dakota County of HAND My commission expires: 5-19-06 <u>᠆ۮؠۮۄڰؠڎؠڎؠڎڮڎٷڿڰۄڰۄڰۄڰۄڰۄڰۄڰۄڰۄڰؠڰؠڎؠڎؠڎؠڎؠڎڔ</u>

Form: SOS REC 051 7/200

DeAnn M. Hargens

NOTARY PUBLIC

(Seal)

MILLER PUBLISHIG COMPANY, INC. LIST OF STOCKHOLDERS

GARY MCFARLANE, PO BOX 123, MILLER, SD 57362

PAULA MCFARLANE, PO BOX 123, MILLER, SD 57362

STACK:

OFFENDING COMMAND: timeout